

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/675238

## CLAIMS AS FILED - PART I

|   | (Column 1)      | (Column 2)   |
|---|-----------------|--------------|
| TOTAL CLAIMS  | 17              |              |
| FOR   | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 17 minus 20 = * |              |
| INDEPENDENT CLAIMS  | 3 minus 3 = *   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 770    |

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 21 Minus ** 20 = 1             |                                    |               |
| Ind pendent   | * 3 Minus *** 3 =                |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              | 18                     |
| X43=                |                        | OR | X86=                |                        |
| +145=               |                        | OR | +290=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE | 18                     |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * Minus ** =                     |                                    |               |
| Independent   | * Minus *** =                    |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X43=                |                        | OR | X86=                |                        |
| +145=               |                        | OR | +290=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * Minus ** =                     |                                    |               |
| Independent   | * Minus *** =                    |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X43=                |                        | OR | X86=                |                        |
| +145=               |                        | OR | +290=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT *See my*

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:  
Whitted

Application No: 10/675,238

Filed: September 29, 2003

Title: Cable Management For Rack Mounted  
Computing System

Attorney Docket No. GOOGP009

Examiner: Unknown

Art Unit: 2833

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated as shown below.

|   | Claims Remaining<br>After Amendment | Highest Previously<br>Paid For | Present<br>Extra | Rate    | FEE      |
|---|-------------------------------------|--------------------------------|------------------|---------|----------|
| Total Claims  | 21                                  | 20                             | 1                | \$18.00 | \$ 18.00 |
| Independent Claims  | 3                                   | 3                              | 0                | \$86.00 | \$ 0.00  |
| Multiple Dependent Claims and Fee Not Previously Paid (\$280/\$140 if applicable) |                                     |                                |                  |         | \$0.00   |
| Total Fees  |                                     |                                |                  |         | \$ 0.00  |

- ☒ Applicant hereby petition for a one month(s) extension of time to respond to the outstanding Office Action.
- ☒ Please charge \$128.00 (\$110.00 extension fee and \$18.00 excess claim fee) to Deposit Account No. 50-1217 (Order No. GOOGP009). A copy of this sheet is enclosed.
- ☒ Applicant believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1217 (Order No. GOOGP009).
- ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-1217 (Order No. GOOGP009). A copy of this sheet is enclosed.

Respectfully submitted,

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09/27/2004 PBRITTON 00000008 501217 10675238

01 FC:1251 110.00-DA  
02 FC:1202 18.00 DA